NC DIVISION MH/DD/SAS
TARGETED CASE MANAGEMENT AUDIT
2009

AUDITOR GUIDELINES

NOTE: Targeted Case Management offers 8 unmanaged hours prior to service authorization. The QP may bill up to 8 hours of TCM services while gathering information and completing the Introductory Service Plan for submission to the service authorization agency for service authorization. This allows a short window of time for the TCM QP to work with the consumer and his/her family to determine what service(s) may be appropriate for the individual. The 8 hours of pass through TCM services is a once in the lifetime event. **All other services require prior authorization.**

Q1 – Service Authorization:

- If the provider does not have evidence of authorization from ValueOptions (VO), check for service authorization that covers the date of service being reviewed on the spreadsheet provided by VO (on computer – see a team leader).

- **Rating:**
  - If authorization is present, rate Q1a = "4".
  - If no authorization**,** rate Q1a = "0".
  - If part of the 8 unmanaged hours, rate Q1= "9"
  - If Q1a is rated "0", enter the dates in Q1b. **FROM is the first date when there was no valid authorization, or 7/1/08; TO is the last date there was no valid authorization or the date of the audit**, if there is still no authorization.

Q2 – Service Order:

- Appropriate service has been ordered. **The service needs to be identified in the Action Plan** of the service plan to be ordered via signature on the service plan. Separate service order forms are not acceptable.
- **Dated Signatures** :
  - Medicaid-funded services must be ordered by a **qualified professional, licensed MD or DO, a licensed psychologist, a licensed nurse practitioner or a licensed physician assistant.**
  - Both the signature and date must be **handwritten by the signatory**.
  - **Dates may not be entered by another person or typed in**.
  - **No stamped signatures** unless there is a verified Americans with Disabilities Act (ADA) exception.
  - A service order may not be obtained (signature on the service plan) before the service plan is completed. **Service order signatures dated prior to the Date of Plan on the service plan will render the service order invalid**.
- When the **service plan is reviewed/updated, but no new service is the result**, the signature for the service order is not required unless it is time for the annual review of the service plan.
- For audit purposes, the **Service Order is signed on or before the date of service, but never before the Date of Plan**.
- 2a. Dates: **FROM is the date of the service plan (no earlier than 7/1/08). TO is the date a valid service order went into effect, or the date of the audit**.

Q3 – SERVICE PLAN is Current:

- The individualized service plan shall begin at admission and shall be rewritten annually and updated/revised:
    - If the needs of the person have changed i.e. an existing service is being reduced or terminated
    - On or before assigned target dates.
    - When a provider changes
        - Note the provider name on face sheet, on crisis plan and in Action Plan (if there).
        - If the current provider is not reflected, it may be that the service plan was not updated when the provider changed**.** There should be a revision dated no later than the date a new provider began services.
- Target dates may not exceed 12 months.
- **Signatures & Dates**
    - **Signatures are obtained for each required/completed review, even if no change occurred.**
    - Signature verifying medical necessity (a service order) is required only if a new service is added as a result of the review.
    - Author of the service plan and the legally responsible person (lrp) have signed the service plan
        - If the legally responsible person did not sign the service plan until after the service date, there must be documented explanation and evidence of ongoing attempts to obtain the signature.
        - If no signature of the lrp and no attempts documented to obtain it, call the SERVICE PLAN out of compliance.
        - For CAP/MR/DD plans, the Legally Responsible Person must sign in the appropriate box which ensures they had a choice between an Intermediate Care Facility and community services.
    - For audit purposes, **signatures must be dated on or before the date of service, but never before the Date of Plan.**
- Documentation of the legally responsible person, if not the parent of a minor, needs to be reviewed:
    - Court ordered guardianship, court-appointed custody to DSS, power of attorney.
    - If a minor is cared for by someone other than a parent, and evidence of that caretaker having the **intention for long-term care is present, that may be accepted as "in loco parentis"** in lieu of legal guardianship.
- 3a. Dates: **FROM is the first date the service plan is not valid. TO is the date a valid service plan went into effect, or the date of the audit**.

Q4 – The service plan is Individualized:

- Service plans and goals/interventions in particular, should be individual to the person to whom the service plan belongs.
- **Rating**
    - **4**=service(s)/support(s), goals, strategies, and interventions in the service plan reflect and are tailored to meet the individual's needs and preferences for **all** service(s)/support(s) listed.
    - **2**=service(s)/support(s), goals, strategies, and interventions in the service plan reflect and are tailored to meet the individual's needs and preferences for **some** service(s)/support(s) listed. Others appear to be written "one size fits all" and reflect program or service requirements rather than the individual's needs and preferences.

- **0**=service(s)/support(s), goals, strategies, and interventions in the service plan do not reflect and are not tailored to meet the individual's needs and preferences. They are missing or appear to be written "one size fits all" and reflect program or service requirements rather than the individual's needs and preferences.

Q5 – Documentation is Written & Signed:

- Service note is **written and signed** by the person who provided the **service (full signature, no initials).**
  - "Written" means "composed".
  - If signature reads, "G. Walton", rate Q5="2". If it is a persistent problem, ask for a POC. If it is one person signing that way, make a recommendation or offer a reminder to the provider.
  - If signature reads, "Jeff H.", rate Q5="0".
  - If first name only is present, i.e., "Patricia", rate Q5="0".
  - If signature reads, "B.J.", rate Q5="0".
  - If any of the above issues are found, please request the signature log from the provider. The customary signature of the person is acceptable as a full signature and it should match the agency's signature log. If B. Flood's signature on the agency log is "B. Flood" and that is her customary signature it is not out of compliance and can be rated "4". This must be verified by the signature log. It would be rated "2" as stated above, if the log showed "Basanova Flood" as the customary signature.
- **Signature includes credentials, license, or degree for professionals; position name for paraprofessionals, which may be typed, stamped or handwritten**.
- **Rating**
  - **4**=the documentation is written within the allowed time frame and the signature includes credentials and/or position of the person providing the service.
  - **2**=the documentation is written within the allowed time frame and signature does not include the credentials and/or position.
  - **0**=the documentation is written and/or signed after the allowed time frame or the signature is missing.
- Family members or the legally responsible person may not provide these services for reimbursement.
- If there is **no service documentation for the date being audited**, mark this question "6 = No service note". Also mark "6" for Qs 6, 7, 8, 9, 11. *Do not mark "6" for Q10. Q10 will be evaluated without benefit of a note for the date of service.*

Q6 – Service Note Relates to Goals

- Service note reflects purpose of the intervention
- Service note states, summarizes and/or relates to a goal or references a goal number in the current service plan.
- The goal has not expired and is not overdue for review.
- If the goal in the note does not reflect the exact language or use the right number for a goal, review the goals in the service plan to see if it relates to one of them.
- **Rating**
  - **4**=purpose documented in the service note relates to a goal listed in the service plan.
  - **2**=purpose documented in the service note partially relates to a goal listed in the service plan.

- **0**=no purpose included in the note or purpose documented in the service note does not relate to a goal listed in the service plan.

Q7 – Documentation Reflects Treatment for the Duration of Service:

- Service note reflects intervention/treatment
  - The intervention relates back to the stated purpose in the service note
  - If the intervention relates to a goal in the plan but it isn't the stated goal on the note, do not call out of compliance, but make a clear comment in the comment section.
- Determine that the documentation provided for a specific date of service adequately represents the number of units paid:
  - Does the intervention/treatment documented justify the amount of time paid?
  - Did the intervention documented reasonably take place in the time documented?
  - Did the intervention reflect "treatment", not activities of daily living (ADLs) unrelated to goals, symptoms and diagnoses, for the time indicated?

Rating

- **4**= the note reflects treatment for the entire duration paid.
- **2**= the note reflects treatment for more than half of the duration paid
- **0**= the note reflects no intervention or treatment for less than half of the duration paid.

Q8 Documentation Reflects Assessment of Progress towards goals:

- **Assessment of person's progress toward goals** / effectiveness for the individual (how did it turn out for the individual; how did the individual respond to the intervention?).

Rating

- **4**= there is a clear indication of the assessment of the intervention
- **2**= there is minimal indication of the assessment of the intervention
- **0**= there is no indication of the assessment of the intervention

Q9 – Service Notes are Individualized:

- Review service notes around the service date audited to determine if notes are individualized.
- **Notes should vary from day to day and person to person**, and be specific to goals in each SERVICE PLAN.
- The first record audited may have to be revisited if consequent notes in another record appear to be the same.
- **No Xeroxed notes with the dates and/or signatures changed**.
- **No handwritten notes copied throughout the record** with different service dates.

- **Rating**
  - **4**= service note does not match any other service note.
  - **2**= service note is similar but not exactly the same as another service note.
  - **0**=service note is exactly the same as another service note.

Q10 – Units Billed Match the Duration of Service:

- Duration of service for periodic services must be documented.
- Billing and duration must be an exact match, however, if fewer units are billed than are documented, do not call this out of compliance.

- **Rating:**
  - 4=units paid are equal to or less than units documented.
  - 0= units paid are greater than units documented

Q11 – Qualifications and Training

- Review personnel record of staff that provided the service.
- For all service providers, verify both education and experience, per Core Rules requirements (see Justifications sheet).
- Review education and training documentation for each item listed on the Qualifications Checklist.
- **If no service note/signature score Q 12, 13, 14 and 15 as 7, "unable to identify service provider"**
- Individualized supervision plans are required for **paraprofessionals and associate professionals.**

Q12– Disclosure of Criminal Conviction

- Review documentation showing the **provider agency required the staff that provided the service to disclose any criminal conviction**.
- Most frequent place to find the disclosure statement is on the employment application or on a separate form/statement filled out during the application process.
- If no disclosure is evident, a criminal record check made prior to the date of service by the provider agency is acceptable,
- If a criminal record check is evident, still ask for evidence of the disclosure. Make a recommendation or assign a POC as appropriate if disclosures are not in place.

Q13 – Health Care Personnel Registry (HCPR) Check:

- There may be **no substantiated finding of abuse or neglect** listed on the NC Health Care Personnel Registry for unlicensed providers. Health Care Personnel Registry Checks are not required for licensed providers.
- 15a - **Dates:**
  - If the HCPR Check is non-existent or after the date of service, **FROM is the date of hire or 7/1/08, whichever is later, TO: is the date of the audit, the date the HCPR Check was completed or the last date of employment.**
  - If there is a substantiated finding, **FROM** is the date of the finding. **TO: is the date of the audit or the last date of employment.**

Comment Section:

- **Comment on/clarify any questions receiving ratings of 0 or 2.** There needs to be a good/factual explanation for any item rated out of compliance. For example, if Q5 is rated "0", write "#5" in the Comment Section and explain why it was rated out of compliance. **Do not repeat the question, add specific information regarding why the item was rated 0 or 2.**

- Attach copies of documentation for elements found out of compliance. **All items rated 0 and 2 must have a copy of something attached as evidence, UNLESS it is "not met" because it doesn't exist – no service plan at all, or no service note at all.** Make sure your comments explain the situation if nothing is attached.
- There are **2nd sheets** available for comments if all comments don't fit on the audit tool. Please use these sheets rather than crowding the bottom of the audit tool.

General Information

- Auditor must complete all sections of the audit sheet and will be responsible for acquiring all needed information.
- Review all tools for completeness before returning any records to the provider.
- Completed audit tools must be reviewed by a team leader prior to copying tools and releasing the provider and their records.
- ENSURE THAT NO **ORIGINAL** AUDIT TOOLS ARE GIVEN TO THE PROVIDER. The audit tools and copies will be 2 different colors.
- **Pink (Plan Of Correction) Sheets:**
    - Complete pink (POC) sheets as you go along – if you notice that something is a **systemic issue** as you are auditing, go to the pink sheet and circle the appropriate corrective action.
    - Review pink sheets when audit is complete to ensure that all areas that need corrective action are included.
    - If there is a statement that needs to be made that would not be covered by the corrective action choices, use the General Summary section – this will appear in the report.
    - If there are significant pieces of documentation not provided at the audit, use the statement at the end of the pink sheet to indicate specifically what was missing.
    - Review the required corrective action with the provider.